

# The Effectiveness of Group Schema Therapy on Metacognitive Beliefs and Body Image Concern in Women Seeking Rhinoplasty


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## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

“EMS often interact with metacognitive distortions...”

This statement would benefit from further elaboration. Consider specifying what types of distortions are most relevant to women seeking cosmetic surgery to better contextualize the link.

Include details on the method of randomization (e.g., block randomization, computerized random number generation) to demonstrate methodological rigor.

Please clarify whether the study was registered in any trial registry or whether ethical approval was obtained before or after participant recruitment.

Given the emergence of more contemporary body image scales, please justify the continued use of the FBIS, or discuss its comparative validity over newer alternatives.

Specify which item was used and why it was deemed representative. This strengthens construct validity claims.

Consider briefly stating how this session was operationalized (e.g., using imagery rescripting, role-play), as the session descriptions are otherwise uneven in detail.

Consider tempering this language, as identity reconstruction is a long-term process and may require more than a 10-session group intervention.

Authors revised the manuscript and uploaded the document.

### 1.2. Reviewer 2

Reviewer:

It would strengthen the argument to include epidemiological data or prevalence rates of these disorders among women pursuing rhinoplasty, with a corresponding citation.

You may enhance the cultural contextualization by briefly referencing empirical studies or data showing the prevalence of cosmetic surgery in Iran relative to global averages.

Since randomization follows purposive sampling, explain how the purposive sample was defined (e.g., motivation, psychological profile) to justify generalizability.

Path analysis is not congruent with the ANCOVA results reported. Please clarify if path analysis was ultimately performed, or revise this line to accurately reflect the methods.

This suggests an increase in body image concern, which contradicts the conclusion of improvement. Please clarify whether the scale was reverse-coded or explain this anomaly.

There is no mention of the cognitive self-consciousness subscale earlier. Ensure consistent reporting of subscales across the methodology and results sections.

Authors revised the manuscript and uploaded the document.

## 2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.